FY 2007/2008 LIBRARY COOPERATIVE
ANNUAL REPORT/STATE AID APPLICATION for
Reporting Year October 1, 2006 through September 30, 2007

This report must be submitted on or before February 1, 2008 to be eligible to receive state aid. Refer questions regarding this form to Terri Assaf at (517) 373-3828 or AnnualReportTeam@michigan.gov.

CURRENT INFORMATION

FSCS ID:

Complete Parts I-VIII with information that is current as of the filing date.

PART I: DIRECTORY INFORMATION

Cooperative Name: Provide the legal name of the library cooperative that is current at the time of filing the annual report.

Street Address: The complete street address of the actual physical location of the cooperative. DO NOT report a post office box or general delivery.

City: The city or town in which the cooperative is located.

Zip+4: Include the five-digit postal zip code and the four-digit postal zip code extension for the street address of the cooperative.

County: The County in which the cooperative is located.

Township: The Township in which the cooperative is located.

Cooperative Service Population: The sum of the total service population of each library that is a member of the cooperative as of October 1, 2007

Phone Number: Area code and telephone number of the cooperative.

TDD Number: Area code and telephone number to be used with a Telephone Device for the Deaf (TDD).

Director's Name: The name of the current official director of the cooperative. If the director position is vacant at the time of filing this report, provide the name and title for the acting or interim director and label as such.

Cooperative or Director's Email Address: The email address to be used to contact the cooperative or director.

Fax Number: Area code and telephone number for the fax machine used for administrative purposes.

Web Address: If your cooperative has a home page accessible over the Internet, please include the web address. (e.g. http://www.library.lib.mi.us/library.html)

PART II: CURRENT SCHEDULE OF OPEN HOURS

Current Schedule of Open Hours: Record current scheduled hours for the cooperative.

PART III: LEGISLATIVE DISTRICTS

The physical location of the cooperative building was used to determine the legislative district number. (Michigan Representative, Michigan Senator, and US Representative.)

PART IV: LIBRARY COOPERATIVE BOARD MEMBERS

List the names of current library cooperative board members who are serving at the time this report is filed.

Position: Beginning with the officers, list the title of each position of the board members.

Name: List the legal name for each current board member. Enter "vacant" for vacancies then contact the Library of Michigan when the positions are filled.

Mailing Address: Provide a current mailing address for each board member. Include street number and street name, city and the standard five-digit postal zip code with the four-digit postal zip code extension.

Daytime Phone: Provide the phone number at which each individual can be reached during the day.

Library Represented: Provide the current legal name of the library each board member represents.

PART V: COOPERATIVE STAFF

Include all employees paid by all sources to perform cooperative functions. Include all positions, whether these positions are filled or vacant. All employees should be included, whether or not the Library of Michigan certified them. To ensure comparable data, 40 hours per week has been set as the measure of full-time employment. The Full Time Equivalent (FTE) staff is automatically figured by adding the total number of hours worked by all employees in each category, then dividing the total staff hours by 40 and rounded to two decimal places.

ALA-MLS Librarians: Librarians with master's degrees from programs of library and information studies accredited by the American Library Association.

Other Librarians: Persons with the title of librarian who do paid work that usually requires professional training and skill in the theoretical or scientific aspects of library work, or both, as distinct from its mechanical or clerical aspect who do not have an ALA-MLS.

Total Librarians: The sum of "ALA-MLS Librarians" and "Other Librarians."

Other Paid Staff: Include all other cooperative employees paid from the reporting unit budget, including plant operations, security, and maintenance staff.

Total Paid Employees: The sum of "Total Librarians" and "Other Paid Staff".

PART VI: COOPERATIVE MEMBERSHIP

Provide the total number of each type of library that are currently official or associate members.

PART VII: COOPERATIVE SERVICES

Check the box for each of the services that the cooperative offers to members. If your cooperative offers a service that has not been listed here, enter the name of the service in the field provided near the "other" category.

PART VIII: COOPERATIVE TECHNOLOGIES

1.Does the cooperative operate a shared automated library system? If yes: Vendor? Number of member libraries participating in this system?
Does your automated system allow for patron initiated interlibrary loan? Yes or No
Number of libraries using this feature.
2.Number of computers that the cooperative provides for staff or member use.
3.Check the boxes to indicate technology services offered by the cooperative.
4.Does your cooperative have an Internet lab?
Number of computer labs in the cooperative.

REPORTING YEAR INFORMATION

Complete Parts I-VI with information for the most recent fiscal year completed prior to October 1, 2007. Financial information must be precise for income and expenditures during the reporting year and should be reported in whole dollars.

PART IX: COOPERATIVE EDUCATON/TRAINING

Provide the number of sessions for workshops and training modules sponsored or co-sponsored by the cooperative in the 2006/2007 fiscal year followed by the estimated total attendance for each type of workshop.

PART X: COOPERATIVE INCOME (Use whole numbers only)

Direct State Aid: Report all income received from the State of Michigan for status as a cooperative.

Indirect State Aid: Report all income received from member libraries for services provided by your cooperative.

State Funds for Subregional Libraries: Report all state funds received for subregional libraries belonging to your cooperative
.
Total State Income: Sum of "Direct State Aid", "Indirect State Aid", and "State Funds for Subregional Libraries".

Federal Income: Report all income received from federal funds.

Associate Membership Dues: Report all income received from associate library membership dues
.
Other Income (specify): Report and specify the source of any income other than the above mentioned sources.

Total Other Income: Sum of "Associate Membership Dues" and "Other Income".

Total Income: Sum of "Total State Income", "Federal Income", and "Total Other Income".

PART XI: COOPERATIVE EXPENDITURES (Use whole numbers only)

Cooperative expenditures are the current and recurrent costs necessary to support the provision of cooperative services. List only expenditures paid from cooperative operating budgets.

Staff Expenditures:
Salaries and Wages: Include salaries and wages for all cooperative staff (including plant operations, security, and maintenance staff) for the fiscal year. Include salaries and wages before deductions but exclude employee benefits.

10/2002

Fringe Benefits: The benefits outside of salaries and wages paid and accruing to employees (including plant operations, security, and maintenance staff), regardless of whether the benefits or equivalent cash options are available to all employees. Include amounts for direct, paid employee benefits including Social Security, retirement, medical insurance, life insurance, guaranteed disability income protection, unemployment compensation, workmen's compensation, tuition, and housing benefits.

Total Staff Expenditures: Sum of "Salaries and Wages" and "Fringe Benefits".

Collection Expenditures:
Books and Print Materials: Include expenses for any print or microform materials that are part of the library collection.

AV and Non-Print Materials: Include expenses for any non-print collection materials, including film, video, sound recordings, etc.

Subscriptions (nonelectronic format): Include subscription expenditures for reference serials, journals and newspapers in print or microform formats. This does not include subscriptions for materials in electronic format.

Materials and Subscriptions in Electronic Format: Report operating expenditures for electronic physical units considered part of the collection, whether purchased or leased, such as CD-ROMs, magnetic tapes, and magnetic disks, that are designed to be processed by a computer or similar machine. Examples are U.S. Census data tapes, locally mounted databases, serials, and reference tools. Include operating expenditures for equipment when the cost is inseparably bundled into the price of the information service product. Exclude operating expenditures for library system software and microcomputer software used only by the cooperative staff.

Total Collection Expenditures: Sum of "Books and Print Materials", "AV and Non-Print Materials", "Subscriptions" and "Materials and Subscriptions in Electronic Format".

Other Expenditures: Include all expenditures other than those for staff and collection. Include expenses such as binding supplies, repair or replacement of existing furnishings and equipment, and costs incurred in the operation and maintenance of physical facilities and all other items as indicated by the list provided.

Total Expenditures: Sum of "Total Staff Expenditures", "Total Collection Expenditures", and "Other Expenditures".

PART XII: COOPERATIVE AUDIT
Provide the name of the audit firm performing the FY 2006/2007 12-month audit.

PART XIII: COOPERATIVE FIDELITY BONDING
Attach a photocopy of the current policy/declaration form to the CERTIFICATION OF INFORMATION page and mail to the Library of Michigan.

PART XIV: CERTIFICATION OF INFORMATION
The person signing the form must be an authorized official of the library cooperative who can be held accountable for the information on the form. The cooperative director, and a cooperative board chair or other authorized official must sign in order for the application to be processed. In the event of a State Aid audit, the authorized official will be contacted. **Signatures are required to be eligible for State Aid. Signatures must be original signature – signature stamps will not be accepted.**